

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 29, 2003.

Christine Sherwood

Christine Sherwood

Appl No. : 10/618,114
Applicant : Hidenori Takahashi, et al.
Filed : July 10, 2003
Title : RING RESONATOR

TC/A.U. : To be Assigned
Examiner : To be Assigned

Docket No. : 50420/PAN/T360
Customer No. : 23363

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

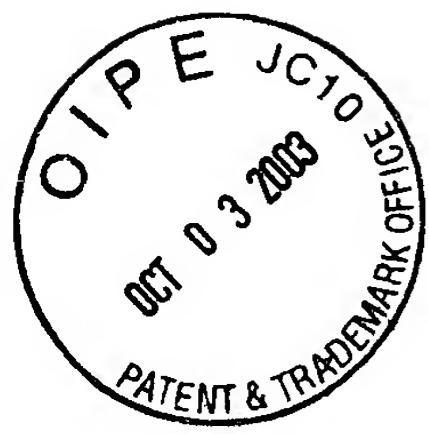
Post Office Box 7068
Pasadena, CA 91109-7068
September 29, 2003

Commissioner:

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 29, 2003.

Christine Sherwood
Christine Sherwood

Applicant : Hidenoro Takahashi, et al.

Application No. : 10/618,114

Filed : July 10, 2003

Title : RING RESONATOR

Grp./Div. : To be Assigned

Examiner : To be Assigned

Docket No. : 50420/PAN/T360

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PostOffice Box 7068
Pasadena, CA 91109-7068
September 29, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	20	*20	0	x \$9.00	x \$18.00	0
Independent Claims	4	** 3	1	x \$42.00	1 x \$84.00	\$84.00
Multiple Dependent Claims ***				\$140.00	\$280.00	
TOTAL FILING FEE						\$84.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					

LIST INDEPENDENT CLAIMS: 1, 4, 11 and 17

* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3
** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3
*** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME
**** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"

X

Attached is our check for \$84.00 to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

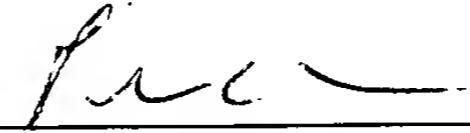
Other enclosures:

Amendment Transmittal Letter
Application No. 10/618,114

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
Peter A. Nichols
Reg. No. 47,822
626/795-9900

PAN/cks

CKS PAS528828.1-* 09/29/03 11:49 AM